FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 17247
3. PLACE OF DEATH	(30)
County Sommes.	Registration Dist. No. 260
Village or City Eng- Princips arm on	No. St., Ward
Length of residence in city or town where death occurred P Tyre Commos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
5 0 10 10	- 100 1016 III 010.11 01 1010 EII BITTIII
2. FULL NAME QUY ON COM	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male Beres OR DIVORCED (write the word)	(Month) (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of	1 mild store
(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
PATE OF DIRTH (month day and year)	I last saw h alive on
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et
23 Dong Term 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
18. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Clerk Aphrelio
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
this occupation (month and spent in this occupation ————————————————————————————————————	- 41,
1 - 0	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Den - Curry
13. NAME Xon Bouleaux	
	Name of operation. Rome Date of
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Jasland Waane	23. If death was due to external causes (VIOk ENCE) fill in also the following:
16. BIRTHPLACE (city er town)	Accident, sulcide, or homicide?
(State or country)	Where did Injury occur?
17. INFORMANT 7 A L	(Specify city or town, county and State) Specify whether Injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) or the my	
18. BURIAL, CREMATION, OR AEMOVAL	Manner of Injury
Place Date Think 19.3.1	Neture of Injury
19. UNDERTAKER 11: Lenno	24. Was diseese or Injury In eny way related to occupation of deceased?
(Address) (Micro Clymbu	If so, specify
20, FILED 5/11 ,193 (C) Smith	(Signed) State (Signed) D.
Registrar. If more blanks are needed, address State Registrar.	(Address) Andrew Paristra III S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write home.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTH	R STATEMENTS BY PHYSICIAN
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V. S. No.

N. B.

PLACE OF DEATH	11245 STATE OF MARYLAND
County July 20th	CERTIFICATE OF DEATH
	Registration Dist. No. 26
Village or City 2 (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
² FULL NAME Durlon	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1927. to 1927, to 1927, 1927,
7 AGE If LESS than 1 day, 3 hrs	The CAUSE OF DEATH * was as foilows:
yrsds. ormin. OCCUPATION (a) Trade, profession or	Tmulto Clul's
(b) General nature of industry business, or establishment in which employed or (employer)	(Duretion)
BIRTHPLACE (State or country)	Contributory Secondary (Duration) TIS
10 NAME OF FATHER Sewell I thurm.	(Signed) Lenge and rullism M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Caulin Bustin	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) autre Summ (Address) Mann m.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed 6/9 193/ Qurelia 12 Jawson	20 UNDERTAKEN LADORESS. ADDRESS.
If more branks are needed, address State Registr	ar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer Trestate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. etc., report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the bis-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (2) telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. can be ascertained as the cause. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-American Medical Association.) Never report mere symptoms or terminal condicough; Chronic valvular heart Always qualify all Measles ; disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-.....Ward) tion, give its NAME instead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED. OR DIVORCED (Write the word) 17 I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Month) (Dsy) (Year) that I last saw h Las alive on IIfLESS than 7 AGE and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: or min.? (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Dutation) 10 NAME OF FATHER (Address) 11 BIRTHPLACE OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. RENT (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensstate CCUP/ ients or Recent Residents) 13 BIRTHPLACE In the OF MOTHER of deathyrs......mos..... (State or Country) 00 Where was disease contracted, if not et place of death?..... oul OF MY KNOWLEDGE Every item CIANS sho statement usual residence. Registrar If more branks are needed, address State Registrar, 16 W. Seratoga St., Beito., Requesting V. S. No. 1

BINDIN

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, nature of the husiness or industry, and therefore an tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coat mine, etc. women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-(b) Cotton mill; (a) Salesman, (b) Grocery; without more precise specification as Day (b) For persons who have no occupation Automobile factory. The material -Coal mine, etc. Wom-

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aecident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic; interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Whooping cough; telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, taken. approved by Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cancer" is lcss definite; avoid Committee on Nomenclature of the Chronic valvular heart disease; etc. The contributory

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Example I		Example II		
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset		
3 1921 July 5,1927	Run over by street car Peritonitis	1 week ago		
May 1 1998	Other contributory causes of importance:	1 year		
May 1,1923	Gastroenteritis	1		
	1915 1921	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street ear July 5,1927 Peritonitis Other contributory causes of importance:		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	te A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
+	infor- state UPA-	1. PLACE OF DEATH	
X		County Lomersu-	Registration Dist. No. 26 3
7	item of should of OCC	Village or City WY-Virus	No. St, War death occurred in a hospital or institution, give its NAME instead of street and number)
1	~ 00 /	Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. it of foreign birth?yrsmosd
	Every CIANS ement	2. FULL NAME Win 9. Washill	
	ORD. J	(a) Residence: No. Ant Virum and (Usual place of abode)	St., Ward. If nonresident give city or town and State
	or PAC	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
•	T RECC	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Muli	21. DATE OF DEATH (Month) (Day) (Year)
NG	NEN C T I ified.	5a. If married, widowed, or divosed & E. Das hill	22. I HEREBY CERTIFY. That I ettended deceased fro
IQI	A A ass	(or) WIFE of	
BIND	ER. EX. e.	6. DATE OF BIRTH (month, day, and year) Oct. 20, 1857	I last saw h alive on, 19; death is sa
~	IS A PE stated E properly	7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, etm.
OF	S A	14 1857 8 Get 05 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
F	S IS	8. Trade, profession, or particular kind of work done, as SPINNER,	Dryoen Insufice
VED	Hodo	SAWYER, BOOKKEEPER, etc.	Died My Durdmely
	vK—T should it may if back	9. Industry or business in which work was done, as SILK MILL, mer chaul- SAW MILL, BANK, etc	Ho Dtr in allingamen
SER	N. S. H. S. P.	10. Date deceased last worked at this occupation (month and spent in this	
RE	AGE that	year) 37 con occupation . Y	Other Carributory Causes of Importance:
Z	NFADING pplied. AG] erms, so tha instructions	12. BIRTHPLACE (city or town)	Chronic Y of houles
MARGIN	FAI ied. ns, stru	(State or country)	frobal 37m
AR		13. NAME Ex gor Wastill	
M	H I su in t	14. BIRTHPLACE (city or town)	Name of operation Date of
	Illy pla	(otate of country)	What test confirmed diegnosis? Was there an autopsy?
	INLY, Whe carefu be carefu EATH in important	1	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury 19
	CA, CA, TH	16. BIRTHPLACE (city er town)	Where did injury occur?
	PLAINI nould be OF DEA	17. INFORMANT Melilda & Washield	(Specify city or town, county and State) Specify whether Injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
		18. BURIAL, CREMATION OR REMOVAL	Manner of injury
		Place Mc / russ Date Jun 07, 1931	Nature of injury.
	WRITE mation s CAUSE TION is	10 HUNGETAKER Dale Dasheell	24. Was disease er Injury In any way related to occupation of deceased?
3	IECH	19. UNDERTAKER PULL DEPUTE (Address) PTD 2. Princes Usene	If so, specify
A S	ř	20. FILED Fire 1. 2 7, 19 7. Stepheny Call Stephens	(Signed) Atmuch Rotin allundered M.
		If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other centributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

67252

1. PLACE OF DEATH		(82-02)	
County Joneso	ut	Registra	ation Dist. No. 270
Village or City Color	uj	ND. f death occurred in a hospital or institution, give its N	
Length of residence in city-or town where		f death occurred in a hospital or institution, give its N s. 14 ds. How long in U.S. If of foreign birtl	VAME instead of street and number)
(man	e death occurred yis.	s. 2us. now long it 0.3211 of foreign biller	#:yrs mos
(a) Residence: No. 409	6th St. S.E. War	spington dward.	
PERSONAL AND STATIS	(Usual place of abode)	If nonres	sident give city or town and State
3. SEX 4. COLOR OR RACE	S, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	ATE OF BEATH
7. A.	OR DIVORCED (write the word)	(Month)	(Day) (Year)
5a. If married, widowed, or divorced HUSBAND of			
(or) WIFE of Am. A.	Ford		1 FY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	The 3 1879		, 193 / ; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at	20
5-2 2	I day,hrs.		I causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER,	Horsewals	Copoliny Comment	village b-/6-3,
9. Industry or business in which work was done, as SILK MILL.	¥	porolyons of dis	I tuo mistry
SAW MILL, BANK, etc	II. Total time (years) spent in this	-	
year)	occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	Auld	Rheumoter	
(State or country)	1 ma		**************************************
13. NAME // A a c c c c c c c c c c c c c c c c c c	ausm		
14. BIRTHPLACE (city or town)	isfuld	Name of operation	Date of
(State of country)	and	What test confirmed diagnosis?	Was there an autopsy?
16. BIRTHPLACE (city or town)	I'lerling	23. if death was due to external causes (VIOL EN	CE) fill in also the following:
16. BIRTHPLACE (city or town)	Muld	Accident, suicide, or homicide?	Date of injury, 19
(State er country)	1 000	Where did injury occur?	
17. INFORMANT The Terry (Address)	1 0-1	Specify whether injury occurred in INDUSTRY,	city or town, county and State) In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATIDA, DR REMOVAL	0	Manner of injury	
Place Cisting Cum.	Date Une 21, 1931	- Nature of injury	
19. UNDERTAKER John a	Bicdstan	24. Was disease or injury in any way related to	occupation of deceased?
(Address)	- 2 C. 01.	(Signed) (Signed)	a. D.
20. FILED (193)	C. C. Count		
	Registrar.	(Address) Ourstal	The Med

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arterioselerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
		La			
Occontributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No.

PLACE OF DEATH	STATE OF MARYLAND
County Somersol-	(81) CERTIFICATE OF DEATH
A	Registration Dist. No. 26
Village or City 77+ Oarnon (No.	St.: Ward) a hospital or institu-
2 FULL NAME Alton E. Har	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Jene 6 (A), 1931 (Month) (Day) (Year)
July 29 1981 July 29 (Year)	
7 AGE If LESS that I day hrs. 1 day hr	The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Porfantile Taracysis (Duration) 11 yrs 8 mos de.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER Somuel Handy	Contributory Secondary (Durstion) (Signed) (Signed)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER TO PIE TO THOMAGY	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) 11 ary land	ients or Recent Residents) At place of deathyrsds. In the Stateyrsds. Where was disease contracted,
(Informant) Hole Hochiell	if not at place of death? Former or usual residence
(Address) THE VERON 15 Filed Jane 7 1984, Stephen O, Floristra	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL M. Vernen 20 UNDERTAKER ADDRESS ADDRESS ADDRESS ADDRESS
If more branks are needed, address State Registra	or, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (a) the kind of work and also (b) the (b) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia").

telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., "(Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY cough; nephritis, etc. The contributory Chronic valvular heart disease; Carcinoma, Sarcoma, etc., ol

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No.

	PLACE	OF DEA	тн			
	County S	ome	al-	**************************************		
Vi	illage or City	~	goean Sa	L (No.	- Han	0
=	PERSON	NAL AND	STATISTI	CAL PART	ICULARS	-
3	SEX	4 COLOR		BSINGLE		
-	Mase	Co	e	WIDOWED OR DIVOR (Write the	CED	2
6	DATE OF BIR	тн				_
			(Month)	(Day	, 19 (Ye	
7	AGE	٦.		<i>y</i>	If LESS I day	tl
1		3/- yre.		nos.		ni
JE (occupation (a) Trade, proparticular kine	ofession or	1/20	:1-		
_ (b) General na	ature of ind			~	•••
	which employe			************		
9 1	State or cou	intry)	el.	Silon	روا الما	
	10 NAME OF	F		1./-)0	_
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AR	12 MAIDEN OF MOTH	2 1 4 1	A A	no 0	0	_
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4	(State or		THE BEST	OF MY KNO	WI FROM	-
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	(Addre	ess) De	els	lau	alus	
15	Filed Ju	w/019	P1 (P)	700 7	relit	
	a sicu / himmen		March and Call St			- 4

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and St.: Ward) number.)

MEDICAL	CERTIFICA	ATE OF DE	ATH
16 DATE OF DEATH —	Leine	94	, 193-1
407070000000000000000000000000000000000	(Month)	(Das	(Year)
17 I HEREBY CEI	RTIFY, That	I attended	the deceased from
that I last saw h koon ali	ve on	Tema	1 Ees 18
and that death occurred			
The CAUSE OF DEATH *			at
Rober Ing	umer	ne	***************************************
	//>	**************	16.
000000000000000000000000000000000000000	(Duration)	yıa	mos de
Contributory		000000000000000000000000000000000000000	***************************************
Signed) Elden a	(Duration)	Koma	moede
Tune 9 1931 (A	ddress)	mireso	Quue m
*State the Disease Violent Causes, state	Causing I	Death, or, ir	deaths from

At place of death ... In the State.....yrs.....mos..... Where was disease contracted,

if not at place of death?... Former or

usual residence

20 UNDERTAKER

ADDRESS

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

1900

or min.?

(Year) IlfLESS than I day hrs.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Collon mill; (a) Salesman. (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., nature of the husiness or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"(Exhaustion," "Heart failure," "Haemorrhage," "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Whooping approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid cough; Chronic valvular heart disease; etc. The contributory Always qualify all

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(Approved by U. S. Census and American Public Health Association.)

or given up on account of the DISEASE CAUSING DEATH ployed, as At school or At home. Care should be taken honsehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Furmer or Planter, enpation is very important, so that the relative healthtired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons enwork, or At Home, definite salary), may be entered as Housewife, House worked on may form part of the second statement. (a) Foreman, (b) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer. tion applies to each and every person, irrespective of fulness of various pursuits can be known. whatever, write None. Civil engineer, Stationary fremen, etc. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on (a) the kind of work and also (b) the Automobile factory. and children, not gainfully em--Coal mine, etc. Wom As examples: (a) The material But in many The ques

Statement of Cause of Death—Name, first, the precase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"). Lobar pneumonia, Bronchopneumonia ("Pneumonia").

conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal ment of cause of death approved by Committee train-uccident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, "Purpeus septicocmica" Durarens peritonitis, etc discases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." cic., when a definite disease rhage," "Inanition," "Mardsmus," "Old Age," "Shock," "Dropsy," "Exhaustion." symptomatic), "Atrophy," "Collapse," causing stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" (name origin; "Cancer" is less definite; avoid nura, peritonacum, etc., Carcinonia, Sarcona, etc., unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) head of Poisoned by carbolic acid-probably suicide. The na-State cause for which surgical operation was undervulsions," Whooping cough; Chronic valvular heart disease; (secondary or intercurrent) affection need not be (e. g., sepsis, tetanus) may be stated under the FOR VIOLENT DEATHS STATE MEANS OF INJURY death), 29 ds.; "contributory." the injury, as fracture of skull, and conse-"Debility" ("Congenital," "Senile," etc.), for malignant neoplasms); Bronchopneumonia (Recommendations on state-"Heart failure." Example: Measles "Апасшіа" "Соша," "Haemor-Mousies; (merely (second-(disease "Con-

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Exact

Filed 6/10

PLACE OF DEATH	672	56 STATE OF	MARYI AND
County Assurant	92-0	CERTIFICATE	
		Registration	Dist. No. 260
Village or City Content (No.		St.:Ward	tion, give its NAME in-
2FULL NAME JJU JUNE	en)	********************************	number.)
PERSONAL AND STATISTICAL PARTICULARS	MED	CAL CERTIFICATE	OF DEATH
Final Color OR RACE SINGLE, MARRIED, WIDOWED. Final Colorid OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEAT	James	_ 77, 13 /
6 DATE OF BIRTH OLA 54, 1919 (Month) (Day) (Year)	that I last saw h	H 199 /. to	
7 AGE 1 / Jyrs. 6 mos. ds. or min.?		- 10	d above, at S. P.1 m.
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Caro	Line Fore	lece
which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary	(Duration)	Failery
10 NAME OF FATHER CANTRAGE Johnson	(Signed) [3]	(Address) . Assa	Chen Co M. D.
OF FATHER (Stato or country) 12 MAIDEN NAME (Stato or country)	Violent Causes, Accidental, Suicid		njury and (2) Whether
OF MOTHER ANNO Schielly 13 BIRTHPLACE OF MOTHER (State or Country) OF MOTHER (State or Country)	ients or Recent At place of deathyrs Where was disesse or	Residents) In the state of the	itals, Institutions, Trans- cyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of d Former or usual residence	-a.h?	
(Address) Jesting	PLACE OF BUR	IAL OR REMOVAL	June 10, 1931
	20 UNDERTAKER	Α	ADDRESS

If more b.anks are needed, addre.s Ltate Registrar, 16-W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

20 UNDERTAKER

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Furmer (re-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation - Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emer," etc., without more precise specimenary luborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of whatever, write None. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the Disease of Using Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E.:haustion," "Heart failure," "Heemorrhage," atic), "Atrophy." "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-(secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease FOR VIOLENT DEATHS state MEANS OF INJULY or intercurrent) Chronic and consequences (e.g., sepsis valvular heart affection necd etc. The contributory Measles; discase; not be

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RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANEN.

Length of residence in city or town where deeth occurredyrsmos	Registration Dist. No. 36 Z No. St., Ward. No. St., Ward. Registration Dist. No. 36 Z No. St., Ward.
Village or City New Jacombee (If deat Length of residence in city or town where deeth occurred yrs, mos. 2. FULL NAME Heart Flansly (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	No. St., Ward. No. St., Ward.
Length of residence in city or town where deeth occurred yrs, mos. 2. FULL NAME ALL ALL ALL ALL ALL ALL ALL ALL ALL AL	th occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
Length of residence in city or town where deeth occurredyrsmos	ds. How long in U. S. If of foreIgn birth?yrsmosds
2. FULL NAME Renry Kearsey (a) Residence: No. (Usual place of Abode) PERSONAL AND STATISTICAL PARTICULARS	St., Ward.
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	
	If nonresident give city or town and State
YES A COLOR OF BLOCK IN CHILD WINDLES WINDLES MINDLES	MEDICAL CERTIFICATE OF DEATH
Male Colored OR DIVORCED (write the word)	1. DATE OF DEATH (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	. I HEREBY CERTIFY, That I ettended deceased from 19
S. DATE OF BIRTH (month, day, and year)	lest saw h; death is sai
1 day,hrs. 7	o have occurred on the date stated ebove, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were extended to the common of the comm
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Paralysis Viceased had
9. Industry or business in which work was done, as SILK MILL,	Shoked Dy. W. E Bartoines
SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month end spant in this	Tall attended him fifore
(State or country)	Other Contributory Causes of importance:
13. NAME trank Kearsed	
(State or country)	Neme of operation
	Whet test confirmed diegnosis? Wes there an autopsy? B. If deeth was due to externel ceuses (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
on the will a Charles on Verne 30 31	Menner of injury
19. UNDERTAKER Odrupa . Stepenson 24.	1. Wes diseeso or injury in eny wey related to occupation of deceased?
20. FILED und 24, 19.31. Samuel Scatt.	(Signed) Lamyll Didy requestry (Address) Pocamoke Md. I. N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of

ceased had retired from business, report the occ returned as at school or at home. For a woma in answer to Question 8 and own home in answer however, designate the occupation by the approp	cupation pri n whose on r to Question	ior to retirement. Children not gainfully employ ally occupation was that of home housework, write on 9. For a person engaged in domestic service a, as servant—private family, eook—hotel, etc. For	red may be housewife for wages
who had no occupation whatever write none.	4-4	received	
To be complete, an occupation return must s 8.—The trade, profession, or particular 9.—The industry or business in which 10.—The month and year the deceased is 11.—The number of years the deceased in stating the occupation, avoid the use of s	kind of we the work w ast worked followed the	ork done. as done. at the occupation. Bureau, U. S.	etc. Find
out the particular kind of work done and return	that, as spi	inner, weaver, etc.	
the particular kind of store, factory, mill, etc., a Distinguish carefully the different kinds of chanical engineer, mining engineer, stationary er of the occupation can be secured. Do not use the	engineers be engineer, etc. word "med	ach general terms as "store," "factory," "mill," store, soap factory, cotton mill, etc. by stating the full descriptive titles, as civil eng. Avoid the term "laborer" when a more precise chanic," but give the exact occupation, as carpental and wholesale merchants. A person who	gineer, me- statement er, painter,
Statement of eause of death.—Cause of deat mode of dying, e. g., heart failure, asphyxia, as As related causes, name earlier morbid condition	thenia, etc. is, if any, r	ne disease, injury, or complication which causes dea As principal cause name the disease or injury cau related to the principal cause and any important co ortance, name other important diseases or injuries.	sing death.
The principal eause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis *	3 days ago
Other contributory causes of importance:	10	Other contributory eauses of importance:	
Gallstones	May 1933	Gastroenteritis	. 1 year
17	AL V		
ADDITIONAL SPACE	OR FURTH	ER STATEMENTS BY PHYSICIAN	
ADDITIONAL SI ACC	TORIN	OTATIMIZATO DI INIGIOTAN	

PLACE OF DEATH	07258 STATE OF MARYLAND
County Sourceset	CERTIFICATE OF DEATH
	Registration Dist. No. 269
A A Tomas of the A	
Village or City Warres StyNowler	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME John Mes	tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White SINGLE, MARRIED, WIDOWED. OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH June 15th, 1931. (Month) (Day) (Year)
6 DATE OF BIRTH Don't Keeper Dan't Kus	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h (M) alive on June 15 1931.
7 AGE Lipposed IfLESS than	and that death occurred on the date stated above, at 12 pm.
5/ yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
a) Trade, profession or particular kind of work	Myvearlitis
(b) General nature of industry	
business, or establishment in (ysters) which employed or (employer)	(Duration) yrs. mos de.
SBIRTHPLACE (State or country) Acues Quarter mh	Contributory Caucation Cultury of Contributory acousting Courties (Durstion)
10 NAME OF James Messick.	(Signed) John Tuby M. D.
IN II BIRTHPLACE	Mile 1921. (Address) Staffe Park
OF FATHER (State or country) Supposed. James Transfer 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 19 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 17 MAIDEN NAME 18 MAID	*State the Lisease Causing Death, or, in deaths from Violent Causea, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Mary Sagurare	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Dethel M.	At place of deathyrsmoads. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
	Former or usual readence
(Informant) grant of mesself	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
(Address) Qagas Ay 2 Montela grand	Danne Quartes Med Jame 17, 1931
Filalone 17 1931 M.S. Brows #	Y G. Webster Deal Island M.
If more banks are needed, address tate Registrar	, 16 Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Solesman. (b) Grocery; (a) Foreman, (b) Automobile foctory. The material business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servont, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The queswhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a yrs). For persons who have no occupation Stationary fireman, etc. But in many single word or term on

Statement of Cause of Death—Name, first, the DIS-EALS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of death American Medical Association.) approved by Committee on Nomenclature stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Mcasles; inges, peritonoeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJULY can be ascertained as the cause. Always qualify all (secondary or intercurrent) Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid as fracture of skull, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-Chronic and consequences (e.g., sepsis, etc. The contributory affection volvular heart need disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

MARGIN RESERVED

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

in stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ogo	
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo	
Cerebral hemorrhage	July 5,1927	Pcritonitis	3 days ago	
O: contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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County Jon		13	1		MARYLAND
County	reiset	(2)	CERTIFICATI	E OF DEATH
	0	4 - 0	, ,	Registration	Dist. No. 276
Village or City	NAME Bar	Ly Pris	y	St: Ward	(If death occurred a hospital or instition, give its NAME steed of etreet a number.)
PERSONAL	AND STATISTICAL PARTIC	ULARS	MEDICA	AL CERTIFICATE	OF DEATH
3 SEX 4 C	COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCEI (Write the word	5	PATE OF DEATH	//	(8, 193/
6 DATE OF BIRTH		17	I HEREBY		tended the deceased from
664 001	(Month) (Day)	, 183 / tha	Source I That saw h & h	()	192
7 AGE	-0 (1121)			ed on the date state	1 ··· 1 ·
) yrs. O mos. O de		CAUSE OF DEAT	H * was as follows:	
(a) Trade, professi particular kind of	ion or	*******			
(b) General nature	of industry	***************************************	######################################	· · · · · · · · · · · · · · · · · · ·	m 47704.000
(b) General nature business, or establi	of industry			(Duration)	yrsmos
(b) General nature business, or establi	of industry ishment in r (employer)		Contributory	(Duration)	yrsmoe
(b) General nature business, or establi which employed or BIRTHPLACE (State or country)	of industry ishment in r (employer)		Contributory Secondary	(Duration)	***************************************
(b) General nature business, or establi which employed or 9 BIRTHPLACE	of industry ishment in r (employer)		Contributory Secondary	-Mario-000000000000000000000000000000000000	***************************************
(b) General nature business, or establishich employed or BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE	of industry ishment in r (employer)		contributory Secondary	-Mario-000000000000000000000000000000000000	extor M.
(b) General nature business, or establish which employed or BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country)	Sistery ishment in (employer)	(Sign	contributory Secondary ed) 197 ((Address) Causing Death	mos mos M.
(b) General nature business, or establish which employed or BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 2 (State or country)	Sistery ishment in (employer)	(Sign	ed)	(Address) Death, te (1) Means of Irr Homicidal.	or, in deaths from and (2) Whether
(b) General nature business, or establishmens, o	tof industry ishment in (employer) Crisfeeld hel Harry Process and text Loris hersey	(Signature 181	*State the Dis location of Research Res	(Address) (Address)	or, in deaths from and (2) Whether
(b) General nature business, or establishments, or	of industry ishment in r (employer) Cris feeld hel Harry Person itry) Process are Loris Person try) Cris Jald. lee	(Signal of de When the state of	*State the Discontributory *Example the Discontributory	(Address) (Address) Causing Death, of Ir Homicidal. IDENCE (For Hospildente) In the Sta	or, in deaths from a deaths from the state of the state o
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(b) General nature business, or establishmens, o	of industry ishment in r (employer) Cris feeld hel Harry Person itry) Process are Loris Person try) Cris Jald. lee	(Signal Signal S	*State the Disciplination of the control of the con	(Address) Death, tesse Causing Death, te (1) Means of Ir r Homicidal. IDENCE (For Hospildente) In the Staucted.	or, in deaths from and (2) Whether tals, Institutions, Tra

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary firemon, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Former or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servent, Cook definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer free or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Form laborer, Laborer-Cool minc, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (6) Grocery

Typhoid faver (never report "Typhoid Pneumonia"); spinal meningitis"); Diphtheria (avoid use of "Croup");" fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect) Statement of Cause of Death-Name, first, the pisto time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> "(Traemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, perilonoeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by roilwoy train. taken. FOR VIOLENT DEATHS state MEANS OF INJURY Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

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Example I		Example II	D
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
O contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	²FUI	L NAME			us St
	PERSON	AL AND S	TATISTIC	CAL PARTIC	CULARS
3 9	Ernale	14 COLOR O	OR RACE	SINGLE, MARRIED, WIDOWED. OR-DIVORCI (Write the wo	Single (PD)
6 [DATE OF BIR	тн	(Month)	28 (Day)	, 193 (Yes
7 A	GE Bor	un den	el f	ull lere	ds. or mi
- b	o) General na	d of work ature of industrial stablishment	in ¬	Par	7
9 E	o) General national siness, or exhich employ BIRTHPLACE (State or cold for the state of the stat	ature of indistablishment ed or (emplountry)	in ¬	fan in Zu terlen in In	
PARENTS	o) General national state of Mother (State or Cotton of Mother or Mother	ature of indistablishment ed or (emplountry) ACE IER I COUNTRY I NAME HER LACE	usor lips wsor	in horie	MA

PLACE OF DEATH

07262

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 270

St.:	 W	ard)
-	 	

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH June 28 , 198/
	(Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended the deceased from
	192 . to
_	that I last saw halive en, 192,
n	and that death occurred on the date stated above, at //301 m.
3.	The CAUSE OF DEATH * was no follows:
-	The state of the s
	COO!
•	(Suffitting Constitution of the second
_	(Duration)yrsnosds.
-	Contributory Secondary
_	(Signed) (Address) Curful of Total
_	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	At place In the of deathyrsmosds. Stateyrsmosds.
-	Where was disease contracted, if not at place of death?
	Former or usual residence
	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL
	Lawsoner, Ing 6/29. 1937
_	20 UNDERTAKER Lever Lawron Ly

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (re-," etc., report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Farm laborer, without more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the Laborer-Coal mine, etc. Wom-(b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia").; Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Uraemia," "Weakness," etc., when a definite disease Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train can be ascertained as the cause. Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory valvular heart disease; Nomenclature of the Always qualify all Measles;

If this certificate is looked over thoroughly and a'l questions asswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Information should be carefully supplied. ACE should be stated EXACTL. should

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PHYSI-

PLACE OF DEATH	STATE OF MARYLAND			
Country omerset	CERTIFICATE OF DEATH			
O WITHIN WARPAR	Registration Dist. No. 265			
Village or City Market (No.	St.: Ward) (If death occurred a hospital or institution, give its NAME at a stead of atreet a number.)			
PERSONAL AND STATISTICAL PARTICULARS	number.)			
SEX 4 COLOR OR RACE 5 SINGLE	MEDICAL CERTIFICATE OF DEATH			
For the wind with the word)	(Month) (Pay) (Year)			
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased fac			
(Morth) (Day) (Year)	that I last saw h Malive on 1923			
AGE [IfLESS than	and that death occurred on the date stated above, at			
64 yrs. // mos. 21 de. or min.?	The CAUSE OF DEATH * was as follows Planeau			
B OCCUPATION (a) Trade, profession or				
particular kind of work ADWWWW				
(b) General nature of industry business, or establishment in	(Durstion) vrs. mos.			
which employed or (employer)	Contributory Miss e ardile			
SERTHPLACE (State or country)	Secondary (
10 NAME OF CALLE BOOK	(Signed) (O) OS			
11 BIRTHPLACE	July 7 19207 (Address) Sheefeed			
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.			
of MOTHER Mary Jone Zui	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans			
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place In the State State Type State Type Type Type Type Type Type Type Typ			
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?			
and monaine Taylor	Former or usual residence			
(Informant) Fice. / Mograe of the second of	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL			
	Lemon, VW Ilmed 819 3			
Filed fine 28 12) C. E. Colling Registrar	John A Bradolaw Brished 9			
(Address) C 28 192) C. E. Colling	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UN DERTAKER ADDRESS LINES 81			

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an the first line will be sufficient, e. g., Former or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook. Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Doy loborer, Form laborer, Laborer—Cool mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. For many occupations a single word or term on especially in industrial employments, it is neces-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, corbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

d. Exact		PLACE OF DEA	ersel	_			
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Z		If more !	bianka are needs	ad. address St	ate Registrar.		

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2

(If death occurred in

La kronan	Ward)	tion, give i	occurred in or institu- to NAME in- street and
MEDICAL CERTIFIC	CATE O	F DEATH	
16 DATE OF DEATH	1	<i>5</i> ~	193
(Mon	th)	_	(Year)
17 1 HEREBY CERTIFY, The state of that I last raw had alive on the state of the sta	A.	nded the de	
and that death occurred on the dat		above, at	2fm.
The CAUSE OF DEATH * was as following the affacts of	_	ange	d
Contributory Secondary	"lity		ds.
*State the Disease Csusing	161	soul	M. D.
Violent Causes, state (1) Means Accidental, Suicidal or Homleidal.	of Inju	iry and (2)	Whether
TO LENGTH OF RESIDENCE (For ients or Recent Residents) At place of deathyrsmos,ds. Where was disease contracted,	In the		ions, Trans-
if not at place of death?		*************	
Former or usual residence		***************************************	
DEALS ISLAND MO	L	DATE OF	BURIAL, 19.31
wild I Still	es	DEALS	ISLAND,

16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocen at home, who are engaged in the duties of the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. (b) Cotton mill; (a) Salesman. without more precise specification as Day (b) For persons who have no occupation Automobile factory. The material (b) Grocery; Wom-

EASE CAUSING DEATH (the primary affection withrespect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need not be approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Inanition," "Marasmus," "Old Age," "Shock," American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; Example: Measles (disease ," "Coma, etc. The contributory " "Convulsions, etc., of

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward) (If death occurred in a hospital or institu-tion, give its NAME instead of street and

number.)

MEDICAL CERTIFICATE OF DEATH

I HEREBY CERTIFY. That I estended the deceased from

(Month)

and that death occurred on the date stated above, at ... Till

The CAUSE OF DEATH & was as follows:

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

In the of death yrs. mos. da. State.....yrs.....mos.....da.

if not at place of death?.....

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, whatever, write Nonc. tired 6 yrs.). business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. gaged in domestic service for wages, as Servant. Cook to report specifically the occupations of persons onployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom. Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc For many occupations a single word or term on or At Home, and ehildren, not gainfully em-For persons who have no occupation If the occupation has been changed

Statement of Cause of Death—Name, first, the discrete causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"). Typhoid fever (never report "Typhoid pneumonia"). Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Mcastes head of "contributory." quences (c. g., sepsis, tetunus) may be stated under the ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or momicidal, or "Puerperal septicaemia." "Puerperal peritonitis," discuses resulting from childbirth or sulsearriage as can be ascertained as the eause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shoek," "Dropsy," "Exhaustion," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," causing death), 29 ds.; Bronchopneumonia Chronic interstitiul nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ingen, peritonacum, etc., Carcinoma, Sarconu, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway State cause for which surgical operation was undervulsions," "Deblity" ("Congenital," "Senile," etc.), Whooping cough; Chronic valvulur heart disease; (secondary or intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY (Recommendations on state-"Anaemia" (seeond-(disease (merely

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1	MI	tion

DAMES QUARTER, MD.	St. Ward) (If death occurred in the second of the second o
Village or City (No	St.: Ward) A hospital or institution, give its NAME is stead of street are number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH JUN 14 1931 , 192
JUN 13 1934 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the daceased from 1921, to 1921, that I last saw had alive on 1923, 192
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the data stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	The state of the s
9 BIRTHPLACE (State or country) DAMES QUARTER, MD.	Contributory Secondary (Duration) / re. mos. d.
11 BIRTHPLACE DAMES QUARTER, MD.	(Signed) O O O O O O O O O O O O O O O O O O O
OF FATHER DAMES QUARTER, MD. (State or country) 12 MAIDEN NAME OF MOTHER O	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran
OF MOTHER DAMES QUARTER, MD. (State of Country)	At place of deathyrsmosds. Stateyrsmosd Where was disease contracted,
(Informant) DAMES QUARTER, MD.	if not at place of death? Former or usual residence
15 Filed June 14 19231 9/ S. Kelly	DAMES QUARTER, MD. June 14.3. 20 UNDERTAKER Publister Deals Islan L. G. Webister Deals Islan

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Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enwhatever, write None. Housemaid, etc. If the occupation has been changed borer, Farm laborer, Laborer—Coal minc, etc. Wom-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Whooping cough; Chronic Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-Example: Measles (disease "Senile," etc.), "Dropsy, etc. valvular heart disease; Always qualify all The contributory

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stated EXACTLY, PHYSI-propenty classified. Exact nstructions on back VITH UNFADING INK-THIS Every Item of Information should be carefully supplied. CIANS should state CAUSE OF DEATH In plain terms statement of OCCUPATION is very important. See Instru

BINDIN

MARGIN RESERVED FOR

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 268
Village or City WENONA, MD, (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, MANUAL OR DIVORCED (Write the word)	16 DATE OF DEATH JUN 17 1931 , 192
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 198 1 to 1981, 1981, that I last saw h 1 alive on 1 1981,
7 AGE 1 If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) WENDNA, MD.	(Durstion) / yre. mos 1 de. Contributory Secondary (Durstion) / yre mos de.
11 BIRTHPLACE OF FATHER WENONA, MD. 12 MAIDEN NAME A.	(Signed)
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) WENONA, MD.	18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Transients or Recent Residents) At place of death yrs mos. ds. In the State yrs mos. ds. Where was disease contracted,
(Informant) / (Address) WENONA, MD.	if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PLACE OF BURIAL OR REMOVAL PLACE OF BURIAL PLACE OF BURIAL PLACE OF BURIAL
15 Filed Inc 18 1931 Rora Wester	20 UNDENTAKER ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

WRITE PI

(Approved by U. S. Census and American Public Health Association.)

-ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons en-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an cases, especially in industrial employments, it is necesstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

for- ate	STATE OF MARYLAND—	CERTIFICATE OF DEATH 07270	
stat UPA	1. PLACE OF DEATH .	746)	
occ Occ	county () omerset	Registration Dist. No. 270	
4 4	Village or City (uifield	No 110 heady Mammal Hestulal Ward	
= 0		death occurred in a horpital of institution, give its NAME instead of street and number) 2 ds. How long In U.S. if of foreign birth?	
Every CIANS tement	2. FULL NAME Maryland 2. Hhittin	aTa	
Ev. Ev.	(a) Residence: No. 12 S. 4-th Street	St. Ward.	
CORD. PHYSI	(Usual place of abode)	If nonresident give city or town and State	
RECOR PHY Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	3. SEX 4. COLOR OR RACE OR DIVORCED (winte the word)	21. DATE OF DEATH (Month) (Day) (Year)	
MANEN A C T I assified.	5a. tf married, widowed, or divorced HUSBAND of	22. / I HEREBY CERTIFY, That I attended deceased from	
MA A ass	(or) WIFE of	9 1931 Jame 12 1931	
PERM EX. Iy cla	6. DATE OF BIRTH (month, day, and year) Chril 25-1912	I lest saw here elive and is said	
F - E	7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 7,000m.	
IS A I stated properly ertifica	/9 / Z 2 1 dey,hrs. or min.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importance were es follows:	
HIS I be s be p	8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	acitereflution	
K—T nould may back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
H W T O	10. Oate deceased last worked at this occupation (month and year)	7	
NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town). Cusfield	Other Contributory Causes of importence:	
AD)	(Stete or country)	Cease as Ode ala	
UNFA supplied n terms, ee instri	13. NAME 14 any Whittington		
sur sur in to See	13. NAME / + any Mittington 14. BIRTHPLACE (city or town). (State or country)	Neme of operation	
5 = 5	15. MAIDEN NAME Matina Maddox	23. If deeth was due to externel ceuses (VIOLENCE) fill In also the following:	
INLY, WI be carefu EATH in I	15. MAIDEN NAME Matina Moddox 16. BIRTHPLACE (city or town) - Manalan	Accident, suicide, or homicide? Oete of Injury	
ATE OF INDO	S (State er country)	Where did Injury occur?	
A DI O	17. INFORMANT Harry Whittington (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
shou E OF	18. BURIAL, CREMATION, DR REMOVAL	Manner of injury	
on s	Plece Lawsona Con Date Juny 19, 1931	Nature of injury	
WRITE mation si CAUSE TION is	19. UNDERTAKER John 9 Brodstan (Address)	24. Was disease or Injury In eny way related to occupetion of deceesed?	
2	20, FILED June 11, 1931 C E colline Registrar.	(Signed) M. D.	
	and the second second	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Ottocontributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA
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9 100

1	1	07268
rsi	PLACE OF DEATH	STATE OF MARYLAND
C EM	County	CERTIFICATE OF DEATH
2. B		Registration Dist. No. 270
ORD ACTL lassifi	Village or City heart (No.	77 # 2 St.: Ward) a hospited or institu
EXA	2FULL NAME Baby (1	tion, give its NAME in steed of street and number.)
Tate	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
d be st y be pr ack of	3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 23, 192 /
RMA ould may	6 DATE OF BIRTH	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
She it i	L 22 481	June 22 197 to 2 3, 192
A A Date	(Month) (Day) (Year)	that I last saw here alive on lines 22 , 192 (
IS IS	7 AGE [If LESS than	and that death occurred on the date stated above, at & A .m.
IS IS ed.	l day /Ohrs.	The CAUSE OF DEATH * was as follows:
H Hand	yrsds. ormin.}	7
See	(a) Trade, profession or particular kind of work	Inches taling
INK INK plair	(b) General nature of industry	
tan (G	business, or establishment in which employed or (employer)	(Duration)de.
ADIN ATH Mpor	9 BIRTHPLACE (State or country)	Contributory Secondary
UNE,	10 NAME OF P	(Durstion) yra mos da.
	FATHER Edward Will. I	(Signed) M. D.
Sho sho	U II BIRTHPLACE OF FATHER	2 Jane 23 197 / (Address) Can from Cal
ation CAUS	Z (State or country) Care Cul	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of Mother aretta Waters	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
Inform state occup	13 BIRTHPLACE OF MOTHER (State or Country) Tease	At place of deathyrsmosds. In the Stateyrsmosds.
PL of 1	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
H4 E 2 L	18.00 for	Former or usual residence
WRIT y Iten NS sh	(Informant) Sherman Willing For	19 PLACE OF BURIAL OR REMOVAL . DATE OF BURIAL
WR Every It CIANS	(Address) Cereir led.	westry Cemetery moron June 24, 1931
E S S S	Filed June 24 1931 C. E. Collins Registrar	20 UNDERTAKER ADDRESS ADDRESS AND COSSIELS My
ż	16 mans hawke are model address State Projection	15 W Sanatana St. Balta Danuarian V S. No. 1

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemon, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Former (re-Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-(b) Cotton mill; (a) Solesman, (b) Grocery; without more precise specification as Doy (b) Automobile factory. The For persons who have no occupation -Coal minc, etc. Locomotive engineer, material

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. ". Tranition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Exhaustion, Whooping cough; American Medical Association.) Examples: Accidental drowning; Struck by railway troin (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, "Congenital," "Senile," etc.), "Dropsy, Chronic Example: Measles (disease etc. valvular heort disease; Always qualify all The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more branks are needed, address State Registrar, 16 W. Saretoga St., Balto., Requesting V. S. No. 1.

(if death occurred in a hospital or institution, give its NAME in-

DATE OF BURIAL

ADDRESS

number.)

(Approved by U. S. Census and American Public Health Association.)

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UL RE

BURI

	or- arte A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
(1)	state UPA	1. PLACE OF DEATH	11210
(should of	County Somersel	Registration Dist. No. 26 \(\gamma \)
_	E - /	Village or City Mean Pacamake	NoSt., Ward
197			death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs
X	CORD. Every PHYSICIANS of statement	· (/t. /	Town long the country joining in this and a second state of the country of the co
	rb. Ev KSICI statem	2. FULL NAME SESSE WILSON	
	KS XS	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PH xact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4	RE. Ex.	3. SEX 4. COLOR OR RACE OR DIVORCED (white the word)	21. DATE OF DEATH 13 . 193 /
BINDING	MANEN ACTI	5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	(Month) (Day) (Year) 22. I HEREBY CERTIFY, Thet I attended deceased from
Z	ERM. EXA		, 19, to, 19
BI	PEI E Iy	6. DATE OF BIRTH (month, day, and year) July 1, 1930	1 last saw h; death is said
R	IS A l stated proper ertifica	7. AGE Years Months Days If LESS than I day,hrs.	to heve occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
FOR	IS A PEI stated E properly	/// V /2 ormin.	wara es follows: Date of onset
A	ris be of	8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	many nearly nearly would
VE	H	9, Industry or business in which	W DU Ja an manual
ER	VK-T should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc.	
RESERVED	C T E I	10. Data decaased last worked et this occupation (month and year)	
8	NG I AGE that ions o	ha Paga la	Other Contributory Causes of importance:
Z	d. A	12. BIRTHPLACE (city or town) (Late) (Stata or country)	
MARGIN	UNFADING supplied. AGI n terms, so tha	13. NAME Sevell Hilson 14. BIRTHPLACE (city or town) James School Control of the	
M	H U sul	14. BIRTHPLACE (city or town)	Neme of operation Date of
	T II	(State or country)	What test confirmed diagnosis? Was there an autopsy?
4	INLY, WITH be carefully EATH in plain portant.	15. MAIDEN NAME Sebrgiona Slokely 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
	car CHH ort	16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?, 19, 19, 19, 19
•	INLY, be can EATH import	(State or codult)	Where did Injury occur? (Specify city or town, county and State)
	E PLA should OF DI	17. INFORMANT Several James Wilson (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
T		18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
1	WRITE nation s	Place Date 199/	Nature of Injury
-	-WRITE mation s CAUSE TION is	19. UNDERTAKER Charlie Daffald	24. Wes disease or Injury In eny way related to occupation of deceased?
No	B.	(Addyess) Facomore	If so, specify
D)	ż	20, FILED JUNE 14, 19.31 Samuel Scall	(Signed) Sumully & Front require
		Registrar.	(Address) Jacomorke Indi

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18	The state of		1
ADDITIONAL SPACE F	OP FIIDTH	ED STATEMENTS DV DUVSICIAN	